CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRU	CTION GUIDE ext	lains how to complete	1 ACCOUNT#	2 Total page	s filed:
this form.		iamo non to compiete	(Ethics Commission	filers)	•
CANDIDATE/	MS/MRS/MR	FIRST		AI .	
OFFICEHOLDE NAME	R	Joe		OFFIC	CE USE ONLY
NAME:	NICKNAME	LAST		Date Received	
	, motor since			UFFIX	
		Gand	q		
CANDIDATE/ OFFICEHOLDER	ADDRESS / PO Bo		CITY; STATE; Z	PCODE	
MAILING	50	20 Trop	ricang		
ADDRESS		Paso, TX	_	Date Hand-deliver	ed or Date Postmand
Change of Addre	SSS 2 /	Paso, 7x	79924		AP
CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION		~
PHONE	(915)	256- 22	75	√ Recalpt #	Amount
CAMPAIGN .	MS/MRS/MR	_		Date Processed	3
TREASURER		Pati	rick D.MI		<i>\gamma</i>
VAME	NICKNAME	LAST	sul	Date Imaged	் ப
·		Bram	blett		G.
CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUIT	E#; CITY; STA	TE; ZIP CODE	
REASURER ADDRESS	14.3	c / 1	Z*(0.0	
Residence or business	1015	E. San A	ntonio	C/1950	15 788
CAMPAIGN REASURER	AREA CODE	PHONE NUMBER	EXTENSION		
HONE	(915)	545- 12	45	•	
EPORTTYPE	January 15	30th day before election	Runoff	15th day after c	ampålgn treasurer
			ranon	appointment (of	
,	July 15	8th day before election	Exceeded \$500 i	mit Final report (Atta	ich C/OH - FR)
ERIOD	Month Day	Year	Month	Day Year	
OVERED	7/17/	700 THROUG	eh // /	11/2	<u>-</u>
	2 11	2005	7 ′	11/2005	
ECTION	ELECTION DAY	ATE ELECTION TYPE Year			
	5/7/	Primary	Runoff	General	Special
FICE	OFFICE HELD (If any)	2005			·
FICE	OFFICE RELD (II any)	• .	13 OFFICE SOUGHT		-11
			City Co	uncil, Dist	vict #4
TICE DIRECT	· Direct campaign ex	penditures are campaign expendit	Ures made by others without	he candidate's prior consent or	annroval
MPAIGN	Candidates are require	ed to disclose this information only	if they receive notification of	the direct campaign expenditure	a. ••
PENDITURE -	Name				
IVIDUALS					
•	Address / PO Box; Apt.	/ Suite #; City; State; Zip C	nda .	,	
	The state of the s	/ Suite #; City; State; Zip C	oue ·		
dditional pages		•	1		
			*		

Printed on recycled paper

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

			16ACCOUNT # (Ethics Commission filers)
C/OH NAME			
NOTICE FROM POLITICAL		otice of political expenditures by political committees to support the candid to without the candidate's or office holder's knowledge or consent. Candidate If they receive notice of such expenditures. ••	ate / officeholder. <i>These expenditures</i> es and officeholders are required to repo
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	A GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
•	G 25		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
CONTRIBUTION COTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	See Scuedule A
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$275.00
XPENDITURE OTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,317.27
ONTRIBUTION ALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1,317.27 \$57.73
UTSTANDING DANTOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 1,100.00
FFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all info	rjury, that the accompanying reporemation required to be reported by
MARI	O ALBERTO RODRIGUEZ COMMISSION EXPIRES February 1, 2006	Tillo 15 Flection Code	
FFIX NOTARY STAME	*	Signature of Candida	, 44
	ed before me, by t	he said <u>See 6994979</u>	this the day
April	to cert	ify which, witness my hand and seal of office.	And D. Wie

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				· · · · · · · · · · · · · · · · · · ·
The Instruc	TION GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAM	Toe Gandar	9	3 ACCOUNT# (E	hics Commission filers)
4 Date	5 Full name of contributor Quit-of-state PAC (Roberto Vasque Z		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/19/05	4930 Hercules,	E (Paso, Tx	\$ 50.00	†.
9 Principal occu	ipation / Job title (See Instructions)	10 Employer (See in	structions)	
Date	Full name of contributor Out-of-state PAC (IE Frank Doming	urz	Amount of contribution (\$)	in-kind contribution description (if applicable)
3/15/05	Contributor address; City; State; Zip Con		\$ 50.00	
Principal occup	eation / Job title (See instructions)	Employer (See Ins	tructions)	
Date 1/8/05	Full name of contributor out-of-state PAC (ID# Tguaclo Estva Contributor address; City; State; Zip Code 50 A. Lan 545, 5. Ellaso, Tx 79901 ption / Job title (See Instructions)	dq	Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	uctions)	<u> </u>
Dete 1/8/05	Full name of contributor out-of-state PAC (ID#_ Envique Ramin Contributor address; City; State; Zip Code 1006 Mago ffin El Paso Tx 79901		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupat	ion/Job title (See Instructions) A++0/11 e y	Employer (See Instru	ctions)	
Date 4/8/05	Full name of contributor H. Tati Santieste Contributor address; City, State; Zip Code 521 Texas, Ella	944	Amount of ontribution (\$)	In-kind contribution description (if applicable)
Principal occupation	on/Job title (See Instructions) Afforney	Employer (See Instruc	ctions)	
,				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	D CONTRIBUTIONS			SCHEDULE B
PLEDGE	D CONTRIBUTIONS			
•				
The Instruction	GUIDE explains how to complete this form.		1 Total pages So	hedule B:
			3 ACCOUNT#(Ethics Commission filers)
FILER NAME	: 			
TOTA	AL OF UNITEMIZED PLEDGES: ⇒ ⇒	₽₽	⇒ ⇒	\$ In-kind description
Date	6 Full name of pledgorout-of-state PAC (ID#		8 Amount of pledge (\$)	(If applicable)
•	7 Pledgor address; City; State; Zip Code		*	
The standard of the standard o	ation / Job title (See Instructions) 11 Ex	mployer (See Inst	ructions)	
muncipal occupa	100,1,000			In-kind description
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	(If applicable)
	Pledgor address; City; State; Zip Code			
			-	
	ation / Job title (See Instructions)	mployer (See Inst	ructions)	
- Luucibai occuba	idelly dep due (e.e. a.e. a.e.			In-kind description
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	(If applicable)
	Pledgor address; City, State, Zip Code		4	
ı	Pleugol address,	- · · · · · · · · · · · · · · · · · · ·	*	
	Mengor address,	~		
		mployer (See Inst	ructions)	
Principal occupa		mployer (See Inst	ructions)	
Principal occupa		mployer (See Inst	ructions) Amount of pledge (\$)	In-kind description (If applicable)
	ation / Job title (See Instructions) Er	mployer (See Inst	Amount of	In-kind description (If applicable)
	Full name of pledgorout-of-state PAC (ID#:	mployer (See Inst	Amount of	In-kind description (If applicable)
Date	Full name of pledgorout-of-state PAC (ID#:Pledgor address; Cfty; State; Zip Code		Amount of pledge (\$)	In-kind description (If applicable)
Date	Full name of pledgor	mployer (See Inst	Amount of pledge (\$)	(if appiloable)
Date	Full name of pledgorout-of-state PAC (ID#:Pledgor address; Cfty; State; Zip Code		Amount of pledge (\$)	In-kind description (If applicable) In-kind description (If applicable)
Date Principal occupa	Full name of piedgor out-of-state PAC (ID#: Pledgor address; Cfty; State; Zip Code		Amount of pledge (\$)	(If applicable)
Date Principal occupa	Full name of pledgor		Amount of pledge (\$)	(If applicable)
Date Principal occupa Date	Full name of pledgor		Amount of pledge (\$) tructions) Amount of pledge (\$)	(If applicable)

POLITICAL EXPENDITURES	SCHEDULE F
	1 Total pages Schedule F:
The Instruction Guide explains how to complete this form.	
2 FILER NAME	3 ACCOUNT # (Ethica Commission filers)
4 Date 5 Payee name David's Pe Muan	ts & Banners 7 Amount (\$)
Z//9/ 6 Payee address; City; State; ZI	ie, ElPaso, Tx 79725
8 Purpose of payment (See Instructions regarding type of informat required.)	Candidate / Officeholder name Office sought Office neid
Campaign Sigus	Joe Gandara
Date Payee name Zippy Prin	ting Center (\$)
2/2//	DI. El Paso, Tx 79903 173.20
Purpose of payment (See instructions regarding type of Informati required.)	
Campaigh Fliers	Joe bandara
Date Payee name Dqvids Penna-	ts & Banners (\$)
4/8/05 Payee address; City; State; Zip	152.02
9911 Carnegie, El	18450, 1X 78925
Purpose of payment (See Instructions regarding type of information required.)	on Gomplete if direct expenditure to benefit C/OH Candidate / Office hold Candidate / Office hold
Campaign Signs	Joe bandarg
Date Payee name (114 of	E 1 Paso Amount (\$)
2/17/66 Payee address; City; State; Zip	250.00
2 civic Center	Plaza, 81 Paso, 1x
Purpose of payment (See instructions regarding type of informatio required.)	on •• Complete if direct expenditure to benefit C/OH •• Candidate / Office hold Candidate / Office hold
Filing Fee	Joe Gandara
ATTĀCU ADDITIONAL CO	OPIES OF THIS FORM AS NEEDED

LOANS	•			SCHEDULE
·				· -
The Instruction	Sume explains how to complete this for	m.	1 Total pages So	chedule E:
2 FILER NAME	Joe Ganda	~	3 ACCOUNT#(Ethics Commission filers)
; TO	TAL OF UNITEMIZED LOANS:	7	⇒ ⇒	
Date of loan	7 Name of lender		7 7	9 Loan Amount (\$)
2/17/05	Joe 60	Out-of-state PAC (ID#:		1,100.00
ls lender a financial institution?	8 Lender address; City; State			10 Interest rate
Y	50 20 Trup	reang		11 Maturity date
Principal occupati	on/Job title (See Instructions)	13 Employer (See Ir	nstructions)	
Description of Colla	teral			•
				T
GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
	16 Name of guarantor 17 Guarantor address; City; State;	Zip Code		18 Amount Guaranteed (\$)
INFORMATION		Zip Code 20 Employer		18 Amount Guaranteed (\$)
not applicable		· · ·		18 Amount Guaranteed (\$) Loan Amount (\$)
not applicable rincipal Occupation ate of loan	17 Guarantor address; City; State;	20 Employer		
not applicable rincipal Occupation ate of loan lender a	17 Guarantor address; City; State; Name of lender	20 Employer		Loan Amount (\$)
not applicable rincipal Occupation ate of loan lender a sancial institution?	17 Guarantor address; City; State; Name of lender Lender address; City; State;	20 Employer out-of-state PAC (ID#: Zip Code		Loan Amount (\$)
not applicable Principal Occupation ate of loan lender a handal institution? N	17 Guarantor address; City; State; Name of lender Lender address; City; State;	20 Employer	ns)	Loan Amount (\$) Interest rate
not applicable rincipal Occupation ate of loan lender a sancial institution? N rincipal occupation	17 Guarantor address; City; State; Name of lender Lender address; City; State;	20 Employer out-of-state PAC (ID#: Zip Code	ns)	Loan Amount (\$) Interest rate
not applicable rincipal Occupation ate of loan lender a ancial Institution? N incipal occupation	17 Guarantor address; City; State; Name of lender Lender address; City; State;	20 Employer out-of-state PAC (ID#: Zip Code	ns)	Loan Amount (\$) Interest rate
not applicable rincipal Occupation ate of loan lender a annotal institution?	17 Guarantor address; City; State; Name of lender Lender address; City; State;	20 Employer out-of-state PAC (ID#: Zip Code	ns)	Loan Amount (\$) Interest rate Maturity date

Texas Ethics Commission P.O. Box 12070 (512) 463-5800 1-800-325-8506 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date 5 Payee name Amount (\$) 6 Payee address; City; State; Zip Code Reimbursement 7 Purpose of expenditure (See Instructions regarding type of information required.) from political contributions Intended Date Pavee name Amount (\$) City; State; Zip Code Payee address; Reimbursement from political contributions Purpose of expenditure (See instructions regarding type of information required.) Date Amount Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code

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Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date Business name Amount (\$) Purpose of payment (See instructions regarding type of information required.) Date Business address; City, State, Zip Code Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office sought Amount (\$) Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office sought Office Sought Candidate / Officeholder name Office sought Coffice sought Candidate / Officeholder name Office sought Candidate / Officeholder name Officeholder		ENT FROM POLITICAL CONT SUSINESS OF C/OH	RIBUTIONS	S	SCHEDULE H
4 Date 8 Business address; City, State; Zip Code 8 Purpose of payment (See instructions regarding type of information required.) Date Business address; City, State; Zip Code Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office sought Office sought Officeholder name Offi	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule H:
6 Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Purpose of Purpose of payment (See instructions regarding type of information Purpose of	2 FILER NAM	E		3 ACCOUNT# (EL	hics Commission filers)
Purpose of payment (See instructions regarding type of information Purpose of payment (See instructions regarding type of information Date Business address; City, State; Zip Code Purpose of payment (See instructions regarding type of information required.) Date Business name Amount (§) Citica sought Citica s	4 Date	5 Business name		•	
Date Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office sought Office sought (\$) Date Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information		6 Business address; City; State; Zip Code			
Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information required.) Date Business name Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information required.) Date Business name Amount (\$) Candidate / Officeholder name Office sought Office office sought Office State	8 Purpose of pay required.)	I ment (See Instructions regarding type of information	9 Complet Candidate / Officeho	e if direct expenditure i older name	to benefit C/OH Office sought Office held
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Purpose of payment (See instructions regarding type of information required.) - Complete if direct expenditure to benefit C/OH required.) - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required. - Complete if direct expenditure to benefit C/OH required.	Date	Business name			
Date Business name City: State: Zip Code Purpose of payment (See instructions regarding type of Information required.) Date Business address: City: State: Zip Code Candidate / Office holder name Complete if direct expenditure to benefit C/OH Office sought Office sought Purpose of payment (See instructions regarding type of information candidate / Office holder name Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH Office sought Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH Office sought		Business address; City; State; Zip Code			
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Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH	Date	Business name			
	•	Business address; City; State; Zip Code			
					- # 0/0U
	Purpose of payme required.)	ent (See instructions regarding type of information	Complete Candidate / Officehold	if direct expenditure to der name Of	benefit C/OH ** fice sought Office held

Austin, Texas 78711-2070

Texas Ethics Commission SCHEDULE ! NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule I: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount Date 5 Payee name (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure (See instructions regarding type of information required.) Amount Payee name Date (\$) Payeė address; City; State; Zip Code Purpose of expenditure (See Instructions regarding type of information required.) Amount Date Payee name City; State; Zlp Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.)

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Texas Ethics Co	ommission P.O. Box 12070 Austin, Texas 78711-2070	512) 463-5800 1-800-325-8
	ITS (optional)	SCHEDULE K
The Instruction	ON GUIDE explains how to complete this form.	es Schedule K:
2 FILER NAM	TE 3 ACCOUN	IT# (Ethics Commission filers)
1 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	-
Date	Payor name	. Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	-
	Reason for Gredit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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